		on to identify your case									
De	btor 1	David A Koeb First Name	Mid	dle Name		Last Name					
De	btor 2	Tina M Koeb	iviiu	ule Ivallie		Last Name					
(Sp	oouse if, filing)	First Name	Mide	dle Name		Last Name					
United States Bankruptcy Court for the: EASTER			N DISTRIC	CT OF MISSO	URI						
Ca	se number										
	known)									Check if this an amended filing	
Αŗ	ficial Form pplication /14	<u>B 3A</u> for Individual	s to Pa	y the F	iling Fee	e in Insta	ıllm	ents			
Be a	as complete and	l accurate as possible	e. If two mari	ried people	e are filing tog	ether, both a	re equ	ally responsible for su	pplying	g correct informati	ion.
Pa	rt 1: Speci	fy Your Proposed Pay	ment Timet	able							
1.	Which chapte	er of the Bankruptcy C to file under?	ode are		Chapter 11	Fee:		\$335 \$1,717			
2.	four installme propose to pa	ly to pay the filing fee ents. Fill in the amount ay and the dates you p e all dates are busines	ts you plan to pay	You p		Fee: Fee: <b>y</b>		\$275 \$310			
	days. Then ad pay.	dd the payments you	propose to	\$	155.00			iling of the petition ore this date	MM	/ DD/ YYYY	
	later than 120	pose to pay the entire for days after you file this		\$		On or I	oefore	this date	MM	/ DD/ YYYY	
	bankruptcy case. If the court approves your application, the court will set your final payment timetable.		(X) or, balance to be paid through plan by Chapter 13 Tr						/ טט/ ۱۱۱۱		
				\$ <u></u>				this date	MM	/ DD/ YYYY	
				\$	310.00				MM	/ DD/ YYYY	
De	olana F	Dala	Total			Your total mu	ıst equ	al the entire fee for the	chapte	r you checked in line	e 1.
			nable to pay	the full fili	ng fee at onc	e, that you wa	ınt to į	pay the fee in installmo	ents, ar	nd that you unders	stand
	prepar You m not be	rer, or anyone else for a nust pay the entire fee r discharged until your of do not make any paym	services in co no later than f entire fee is p	onnection v 120 days a aid.	vith your banki fter you first fi	ruptcy case. le for bankrupt	cy, unl	y more property to an a ess the court later exter d, and your rights in oth	nds you	ır deadline. Your de	ebts will
X	/s/ David A K	Coeb	X	/s/ Tina N	/I Koeb		Х	/s/ Wes Gotschall			
	David A Koe			Tina M K			-	Wes Gotschall 65			
		ebtor 1 ember 9, 2014 DD / YYYY		Date Se	of Debtor 2 eptember 9 M / DD / YYYY			Your attorney's name Date September MM/ DD / YY	9, 20		lone